

73
45
121MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2		1					
3		2					
4		2					
5		2					
6		2					
7		2					
8		2					
9		2					
10		2					
11		2					
12		2					
13		2					
14		2					
15		2					
16		2					
17		2					
18		2					
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23		2					
24		2					
25		2					
26		2					
27		2					
28		2					
29		2					
30		2					
31		2					
32	1						
33	1						
34		2					
35		2					
36		2					
37		2					
38		2					
39		2					
40		2					
41		2					
42		2					
43		2					
44		2					
45		2					
46		2					
47		2					
48		2					
49	1						
50	2						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	IND	DEP	IND	DEP	IND	DEP	CLAIMS
51		2					
52		2					
53		2					
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72		1					
73	1						
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	5						
TOTAL DEP.	121						
TOTAL CLAIMS	126						